

Law Practice Invoice

Date: _____
Invoice #: _____

FROM

Law Firm Name

Address Line 1

Address Line 2

Phone: _____

Email: _____

BILLED TO

Client Name

Company (if applicable)

Address Line 1

Address Line 2

Phone: _____

Email: _____

CASE DETAILS

Case Name / Brief Description

Case Number: _____

DATE	DESCRIPTION OF SERVICE	HOURS	RATE	AMOUNT
____ / ____ / ____	Consultation	—	—	—
____ / ____ / ____	Legal Research	—	—	—
____ / ____ / ____	Drafting Documents	—	—	—

Subtotal _____

Tax _____

Total Due _____

Payment terms: _____

Notes: _____

Thank you for your business.